

Kansas Department of Health and Environment Division of Environment **Bureau of Air and Radiation**

PARTICULATE COLLECTION EQUIPMENT

1)	Source ID Number:						
2)	Company/Source Name:						
3)	Particulate Collection Equipment identification number or designation:						
4)	What emission unit(s) or source(s) of emissions is(are) vented to the particulate collection equipment? a b c d						
5)	Description of pollutant(s) collected:						
6)	Type of collector:						
7)	Manufacturer: Date of Manufacture: Model No.: Rated Control Efficiency:% Capture Efficiency:% Date of Installation:						
8)	Nominal Pressure Drop across collector: inches of H ₂ O						
9)	Is there a device provided to measure pressure drop? If yes, specify device:						
10)	Provide a manufacturer's brochure or other descriptive material of the equipment?						
<u>Cyc</u>	<u>lone</u>						
	Diameter of round section:in.; Length of round section:in.; Length of conical section:in.; Dimensions of inlet:in. xin.						

PARTICULATE COLLECTION EQUIPMENT (cont.)

Electrostatic Precipitator

	No. of stages:	_; Electrode a	area:	sq.ft.;				
	Wire in: Tube	; Plate	; Dry _	; Wet	; Other	·		
	Gas Velocity:ft. per sec.; Electrode potential:volts;							
	Rapping Method:; Rapping Frequency:							
Fab	oric Filter/Baghouse							
	Air to Cloth Ratio: _	cu. ft./s	q.ft.; Clot	th Weight:	oz.;			
Kind of Cloth:								
	Method of cleaning bags (air, mechanical, shaking, etc.):							
<u>Scrubber</u>								
	Type: Venturi	; Impingeme	ent	; Orifice	; Other			
	Liquid Flow Rate:gpm; Scrubbing Solution:pH;							
	Length of packing (i	f applicable):	in.					
Con	nplete the following of	questions perta	aining to co	ollection equip	ment:			
11)	Volume of air or gas	to the atmosp	ohere:	cfm				
10	4: 1: 1			S 1 .				
12)					through stack or duct _	diameter at		
	oF temperatu	re, with	cfm flov	v rate and	fps velocity.			